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The Youth Coalition for Sexual and Reproductive Rights (YCSRR) was established at the Hague Youth Forum in February 1999 to raise awareness on sexual and reproductive rights of young people. Being a youth-led organization, today YCSRR works globally to ensure that young people, in all their diversity, are empowered through advocacy and included meaningfully in policy-making and decision-making at relevant spaces.



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Youth Approaches to Health Association (YAHA), is a network of youth and civil society organizations working in the fields of youth sexual reproductive health and rights, human rights, gender inequality and youth participation through peer education approach since 2002. SGYD's vision is to create rights-based projects based on the needs and demands of various youth groups, to support these projects, and to develop models to ensure the development, dissemination and implementation of peer education standards.



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Executive Summary

1. This report provides an account of the main barriers and challenges faced by young people in relation to access to sexual and reproductive information and services and which constitute a violation to their rights to health, bodily autonomy, equality and non-discrimination among others. In particular, the report examines the barriers and challenges in access to scientific and evidence-based information and youth-friendly services on abortion and comprehensive sexuality education (CSE) and makes recommendations to ensure that young people in Turkey, including refugee youth, are able to exercise all their sexual and reproductive rights.
2. Turkey does not include comprehensive sex education across national curricula at schools. While sex education and sex are still viewed as taboo in the country¹, young people remain deprived of access to scientific and evidence-based information on their sexual and reproductive rights. As such, young people experience increased levels of discrimination and violence; unintended and unwanted pregnancies, and sexually transmitted infections.
3. Despite the fact that abortion is legal until the 10th week of the pregnancy², access to abortion remains restricted in Turkey due to lack of information and restriction of delivery sites and terms of practice. Today abortion is highly restricted in public hospitals and many people, especially young people and refugee youth, are deprived of accessing safe abortion services.
4. Tackling these problems, this report makes recommendations to implement evidence and human rights-based and youth-friendly comprehensive sexuality education in school curricula and to improve access to information and services for abortion care for all people and youth in Turkey.

I. Comprehensive Sexuality Education

Turkey received no recommendations on Comprehensive Sexuality Education during the first or second cycle of the UPR

¹ <https://eurasianet.org/turkey-sex-education-remains-taboo-topic>

² Turkey: Law No. 2827 of 1983 Population Planning Law [Turkey], 24 May 1983, available at: <https://www.refworld.org/docid/4c4476752.html> [accessed 8 July 2019]

5. Turkey has a large population of youth and children. There are 13 million young people in Turkey aged between 15 to 24³. Half of country's population, around 40 million, are under the age of 31⁴. The country hosts 3.6 million Syrian refugees, half of whom are children and adolescents under 18 years of age⁵. As their sexual and reproductive health and rights are ignored, young people and children, especially those refugee youth, find themselves vulnerable and at risk of abuse, coercion, sexually transmitted infections and unwanted pregnancies.
6. Turkish society and laws are still unequivocally patriarchal. As elsewhere, patriarchy comes into play both in gendered and generational terms. The Turkish society and laws privilege “the family” as the main unit of society, overlooking the rights of the individuals inside or outside the family. This reinforces the authority of *pater familias* over women, youth, and children; and reproduces patriarchy, heteronormativity, and gerontocracy.
7. The Republic of Turkey is a party to numerous international conventions and treaties including: The Convention on the Elimination of All Forms of Discrimination Against Women; The Convention on the Rights of the Child. Nevertheless, Turkey has failed to adopt a gender-sensitive and rights-based approach across its national curricula. In the past, both committees have raised concern over the failure of the Republic of Turkey to include CSE within the national curricula:
 - a) CEDAW committee noted pervasive patriarchal stereotypes and norms present in school curricula and practice, a reflection of the widely held views in the Republic of Turkey. The committee further noted the absence of CSE in the curricula, resulting in the following recommendation being issued: “**Ensure the integration into the school curricula of mandatory, age-appropriate sexual and reproductive health education, paying special attention to the prevention of early pregnancies and sexually transmitted diseases, as well as violence**”⁶
 - b) The CRC has also recommended The Republic of Turkey “**adopt a comprehensive adolescent and reproductive health policy and take the necessary measures to educate children on reproductive health and the measures for preventing STDs and HIV/AIDS. The Committee reiterates its previous recommendation that a multidisciplinary study be undertaken to understand the scope of adolescent health problems in the State party in order to be able to develop adequate policies**

³ <https://turkey.unfpa.org/en/node/9688>

⁴ <http://www.invest.gov.tr/en-US/investmentguide/investorguide/Pages/DemographyAndLaborForces.aspx>

⁵ <https://www.crisisgroup.org/europe-central-asia/western-europemediterranean/turkey/253-mitigating-risks-syrian-refugee-youth-turkeys-sanliurfa>

⁶ CEDAW/C/TUR/CO/7 Recommendation 44c, Available at:

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/TUR/CO/7&Lang=En

and programmes. In this respect, the Committee invites the State party to consider its general comment No. 4 (2003) on adolescent health and development.”⁷

8. The article 58 of the Turkish Constitution stipulates that: “The State shall take measures to ensure the education and development of the youth into whose keeping our independence and our Republic are entrusted, in the light of positive science, in line with the principles and reforms of Atatürk, and in opposition to ideas aiming at the destruction of the indivisible integrity of the State with its territory and nation. The State shall take necessary measures to protect youth from addiction to alcohol and drugs, crime, gambling, and similar vices, and ignorance.”⁸ The State’s “protective” attitude, reinforced by the constitution and mainstreamed across laws and policies, contradicts with international norms and standards that view youth as right-bearers and decision-makers. This attitude also assumes that young people are not equal party in policy and decision-making. Youth, in this paradigm, remain as the object of change, but not the subject.
9. CSE Curriculum: Comprehensive sexual health education curriculum is not yet implemented in the education system in Turkey. When the high school curriculum prepared by the Ministry of National Education is analysed, it can be seen that the information transferred about sexual health is only related to the reproductive system. As a result of reproductive policies shaped by the government’s pronatalist stance, sexual health education has ceased to be rights-based and remained focused on reproduction, working of the reproductive system and healthy pregnancy⁹.
10. There is no information about sexual pleasure, sexual orientation and sexual health rights, included within the scope of comprehensive sexual health education in the current curricula. According to 2007 Turkey, Youth Sexual and Reproductive Health Survey, which was conducted with the collaboration of the Population Association and the United Nations Population Fund (UNFPA) “The services demanded by youth to be provided as part of the reproductive and sexual health services, are: Informing (76,0 percent), counselling (22,7 percent), treatment of sexually transmitted infections (20,1 percent), contraceptive services (12,9 percent) and pregnancy and delivery services (11,9 percent). Approximately half of the youth (49,0 percent) demand the provision of these services from schools. “Health institutions” are also among the institutions, from which the youth demand provision of the services.¹⁰ However “youth mostly try to learn sexual health information from their friends, newspapers, internet

⁷ CRC/C/TUR/CO/2-3, Available at:

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC/C/TUR/CO/2-3&Lang=En

⁸ https://global.tbmm.gov.tr/docs/constitution_en.pdf

⁹ <http://mufredat.meb.gov.tr/Dosyalar/20182215535566-Biyoloji%20d%C3%B6neme%20B6p.pdf>

¹⁰ <https://turkey.unfpa.org/sites/default/files/pub-pdf/genclerdecinselesaglik.pdf>

sites. Having been a reliable source of information is highly limited for families. Hearsay information and messages obtained from unreliable sources on the internet on this issue negatively affect the behaviour and health of youth”¹¹.

11. The president Erdoğan recently said that “Muslim families should not use birth control”¹². The president’s pronatalist discourses reinforce a conservative morality rhetoric which looms large as the main obstacle for the development of a comprehensive sexuality education curriculum. An evidence and rights-based curriculum shall be developed and supported by political will in the country.
12. According to the Turkish Justice Ministry, the number of child assault has quadrupled in last ten years, reaching to 16,041 in 2017¹³. Most recently, The Turkish Health Ministry has also recorded increased number of HIV positive people between the ages 15 and 19¹⁴. Although there is no reliable data on the number of adolescent pregnancies, it is known to be a serious problem especially among refugee youth as well as youth in Turkey¹⁵.
13. Insofar, no UPR recommendations have been made to Turkey on comprehensive sexuality education and the grim reality of youth continues to worsen as young people are left behind in their right to health.

Recommendations on Comprehensive Sexuality Education

14. Develop an evidence-based and youth-friendly Comprehensive Sexuality Education curriculum based on human rights principles and implement it across schools and institutions
15. Provide comprehensive sexuality education programs and SRHR services for refugee youth living in camps ensuring these accommodate language needs of refugees - i.e. including Arabic and Kurdish- as well as address the specific vulnerabilities and protection gaps arising from multiple and intersecting forms of violence and discrimination
16. Ensure that young people have access to youth-friendly, rights based sexual and reproductive services and information

¹¹ <https://turkey.unfpa.org/en/news/%E2%80%9Csexual-health-should-be-affable-both-adolescents-and-adults%E2%80%9D>

¹² <https://www.dw.com/en/muslim-families-shouldnt-use-birth-control-says-erdogan/a-19293934-0>

¹³ <http://www.hurriyetdailynews.com/four-fold-increase-in-child-sexual-abuse-cases-in-10-years-138113>

¹⁴ <http://www.hurriyetdailynews.com/number-of-aids-patients-on-the-rise-in-turkey--115413>

¹⁵ <https://www.unfpa.org/news/turkey-refugee-child-marriages-drive-adolescent-pregnancies-underground>

II. Abortion

Turkey received one recommendation on abortion from Slovenia during its second UPR which it accepted:

Ensure in practice that all women are able to exercise their legal right to a safe abortion, without discrimination of any kind. (21st Session of the UPR)

Assessment of implementation: **Not implemented.**

Far from improving the substantive realization of this right, the conditions for women to access safe abortion have deteriorated since last years. The access to abortion in Turkey remains highly restricted given the consent regulations, lack of delivery sites and the refusal of many public hospitals to provide service. Moreover, the rising anti-abortion sentiments and statements of government officials opposing family planning and abortion, contribute to abortion stigma and make it more difficult for pregnant people to access safe abortion care. Despite the fact that, Turkey accepted the recommendation to ensure safe abortion right in practice, the country has made no progress in this regard.

17. On paper, Turkey has a relatively good legal framework for abortion as per the 2827 Family Planning Law of 1983¹⁶. The article 5 of the law stipulates that: “A termination with consent may take place until the end of the 10th week of pregnancy, as long as there is no danger to the health of the mother. For cases which exceed ten weeks, a termination may only take place with the objective professional opinion of a relevant maternal health expert on whether the continuation of the pregnancy will endanger the life of the mother, or present conditions which may cause disability or other related health problems for the child and future generations¹⁷.”
18. However, in practice, access to abortion remains highly restricted due to a number of administrative and practical barriers. Turkish law specifies that abortion shall only be practiced by or under the supervision of the obstetricians and gynaecologists. This requirement significantly restricts abortion delivery sites and creates an urban-rural divide in abortion provision, given that many rural facilities lack such specialists¹⁸. Today, in many countries, abortion is also provided by physicians and/or midwives. Such a regulation would increase delivery sites for abortion care and facilitate access to abortion.
19. Article 6 of the Turkish Family Planning Law specifies that if a married woman seeks an abortion, she must acquire the permission of her husband. In case the person seeking the abortion is under 18 years of

¹⁶ Turkey: Law No. 2827 of 1983 Population Planning Law [Turkey], 24 May 1983, available at: <https://www.refworld.org/docid/4c4476752.html> [accessed 8 July 2019]

¹⁷ Turkey: Law No. 2827 of 1983 Population Planning Law [Turkey], 24 May 1983, available at:

¹⁸ Igde, Fusun Artiran et al. “Abortion in Turkey: Women in Rural Areas and the Law.” *The British Journal of General Practice*, vol. 550, no. 58, 2008, pp. 370–373. doi: 10.3399/bjgp08X280353.

age, she needs to obtain the permission of her legal guardian. The permission clause directly contradicts Articles 185 and 186 of Turkish Civil Code (2002) which recognizes equal responsibility and decision-making power to spouses with regards to the management of their family affairs¹⁹. It infringes women's privacy and right to bodily autonomy. In the past, this has also been raised by the CEDAW Committee as Turkey was recommended to "make all legal amendments necessary to ensure that abortion up to the tenth week, or up to the twentieth week in the event of rape, are subject to the decision of the pregnant woman or girl alone."²⁰

20. Moreover, Turkey only offers surgical abortion and medical abortion is still not registered in the country. In an attempt to preclude medical abortion, in 2012, the Turkish government withdrew Misoprostol, one of the medicines used for medical abortion, from pharmacies due to "misuse."²¹ As such, people with unwanted pregnancies have no access to medical abortion in Turkey.
21. According to a nation-wide study conducted by Kadir Has University Gender and Women's Studies Research Center in 2016, among 431 state hospitals with departments of obstetrics and gynaecology, only 7,8% provide abortion services on demand until the 10th week of pregnancy in accordance with the law²². Although the Turkish law does not involve a conscientious objection clause for doctors, many doctors and public hospitals refuse to provide abortions in face of increased government pressure. Indeed, the anti-abortion sentiment of government officials contributed to this by further stigmatizing abortion. In 2012, then prime minister, Recep Tayyip Erdoğan, infamously said that he sees "abortion as an act of murder" and called for a legislation restricting access to it²³. Although, there has been no change in the law, such statements create pressures both on abortion providers and people with unwanted pregnancies.
22. Moreover, while today good quality abortion services are provided in private hospitals in Turkey, they are at high cost and not an option for people from lower economic background and youth with no income. The situation is even worse for refugee youth who already encounter language barriers and stigma in accessing healthcare services. Abortion on demand is a right as per the Turkish law. The lack of public

¹⁹ [https://uk.practicallaw.thomsonreuters.com/1-635-9389?transitionType=Default&contextData=\(sc.Default\)&firstPage=true](https://uk.practicallaw.thomsonreuters.com/1-635-9389?transitionType=Default&contextData=(sc.Default)&firstPage=true)

²⁰ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fTUR%2fCO%2f7&Lang=en

²¹ <https://www.womenonwaves.org/en/page/3254/press-release-turkey-bans-medicines-used-for-safe-abortion-from-pharmacy-in-mov>

²² <https://www.khas.edu.tr/w243/files/documents/abortion-en.pdf>

²³ <https://www.nytimes.com/2012/05/30/world/europe/turkish-premier-calls-for-more-abortion-restrictions.html>

provision of abortion services create an inequality among right bearers and leaves people and youth without income most vulnerable.

23. In 2015, at the 21st session of the Human Rights Council, the Republic of Turkey accepted the recommendation to ensure that all women have access to safe and legal abortion without discrimination of any kind. Nevertheless, far from making any efforts to actualize the right and access to safe abortion, Turkish government has continued to delegitimize and stigmatize abortion with pronatalist statements. For example, in 2016, the president Recep Tayyip Erdoğan said that childless women are “deficient” and “incomplete”²⁴ and indicated once again that no Muslim family should use birth control. Such statements, supported by other government officials and reproduced by the media contribute to abortion stigma and delegitimize the abortion law and women’s demand for abortion, despite the legal framework.

Recommendations on Abortion

24. Amend the regulations in the provision of abortion to allow physicians and midwives to provide abortions
25. Amend Article 6 of the Family Planning Law to remove the “permission” clause from husbands and guardians
26. Register medical abortion with Mifepristone and Misoprostol and offer it as a pregnancy termination option for people with unwanted pregnancies
27. Ensure that the right to abortion is safeguarded and public hospitals act in line with the law to provide safe abortion to people with unwanted pregnancies

²⁴ <https://www.independent.co.uk/news/world/europe/turkeys-president-erdogan-says-childless-women-are-deficient-and-incomplet-a7067126.html>